

Complementary/Alternative Care (Acupuncture, Biofeedback, Chiropractic, Hypnotherapy, Massage Therapy, Naturopathy)	
<input type="checkbox"/> Original	Original Committee Approval: 12/3/08
<input checked="" type="checkbox"/> Revised	Last Committee Approval: 12/03/08
	Last Review: March 2008

*Note: Effective January 2008, prior authorization has been required for all complementary/alternative care services after the initial six (6) visits.

These CHP guidelines are used for all Complementary/Alternative Care except Chiropractic and, for certain indications, Biofeedback. For both such services, the annotations below are used in conjunction with Milliman Care Guidelines.

Background

The "Every Category of Provider Rule", as it is referred to, is addressed in RCW 48.43.045(1)(a)(b) and reads as follows:

Every health plan delivered, issued for delivery or renewed by a health carrier on and after January 1, 1996, shall:

Permit every category of health care provider to provide health services or care for conditions included in the basic health plan services to the extent that:

1. The provision of such health services or care is within the health care providers' permitted scope of practice; and
2. The providers agree to abide by standards related to:
 - a) Provision, utilization review, and cost containment of health services,
 - b) Management and administrative procedures, and
 - c) Provision of cost-effective and clinically efficacious health services.

It is the intent of the ruling that if a condition is covered by the Plan, any category of provider who meets the requirements of the rule may provide treatment for the covered condition.

Required Review and Approvals

Complementary/Alternative Care requires prior authorization by the CHP Medical Director or his/her designee.

Requirements for Continuation of Treatment

For ongoing therapy, all of the following must be documented:

Community Health Plan Complementary/Alternative Care Prior Authorization Guidelines 2009

- The referring PCP is requesting additional therapy, after receiving feedback from the treating practitioner.
- The patient has been compliant with the treatment.
- The patient has made consistent gains toward meeting the initial treatment goals.
- The practitioner defines the expected number of additional visits likely necessary to achieve the treatment goals

Limitations/Exclusions:

Healthy Options:	Not covered (Except Chiropractic. See benefits re: age limitations and EPSDT exam requirements.)
Basic Health Plan:	None
GAU:	Not covered
Medicare Advantage:	Not covered except Chiropractic and Biofeedback

ACUPUNCTURE

Acupuncture is based on the principles of traditional Chinese medicine, which are founded on the notion of “qi”, or energy circuits throughout the body. Imbalances in the flow of “qi”, which follows fourteen major pathways (“meridians”) in the body, create disease. By inserting special needles at specific points along the meridians, acupuncture tries to rebalance “qi”, thereby promoting healing. Needling is commonly combined with heat or electricity.

Required Referral Criteria

- Symptoms must have been present for more than 3 months.
- Member must have been seen by the PCP within the 3 months prior to the referral request.
- A maximum of six (6) visits over a 4-month period may be approved.
- Requirements for continuation of treatment, as specified above, are met.

Covered Conditions

- Chronic myofascial pain (including cervicalgia, chronic neck and back pain, lumbago, muscular tension headaches, plantar fasciitis, and tendonitis)
- Fibromyalgia (requires an established, documented diagnosis of fibromyalgia consistent with the 1990 American College of Rheumatology Criteria)
- Chronic arthritis
- Chronic headaches (including adult and pediatric migraine, and muscle tension)
- Pain secondary to metastatic disease
- Chronic neuropathic pain

- Chemotherapy nausea and vomiting (may approve 1 visit each week the patient receives chemotherapy)
- Post-operative nausea and vomiting
- Postoperative dental pain
- Dysmenorrhea
- Hyperemesis of pregnancy (condition does not have to be present for more than three (3) months; may approve 1 visit/week for up to 6 weeks)

References

- Hayes, Inc. Online 2008
- Milliman Care Guidelines, 12th Edition, 2008
- Aetna Clinical Policies Bulletin #0135 (rev. 6/18/08).
- National Guideline Clearinghouse: Acupuncture and Electroacupuncture: Evidence-based Treatment Guidelines. Dec. 2004 (www.guideline.gov).
- NIH Consensus Statement 1997
<http://consensus.nih.gov/1997/1997Acupuncture107html.htm>
- United Healthcare: Acupuncture for the Treatment of Nausea and Pain. Med. Tech. Assessment #2007T0018F (rev. 10/18/07)
- UpToDate Online, v. 16.2

BIOFEEDBACK

This involves a training program designed to develop one's ability to control the automatic nervous system. Proponents state that a patient can learn to control their heart rate, blood pressure and skin temperature to relax certain muscles.

Required Referral Criteria

- Symptoms must have been present for more than 3 months.
- Member must have been seen by the PCP within the 3 months prior to the referral request.
- A maximum of six (6) visits over a 4-month period may be approved.
- Requirements for continuation of treatment, as specified previously, are met

Covered Conditions

- Pediatric migraine or tension headache
- Urinary incontinence
- Adult migraine or tension headache (**CHP utilizes the Milliman Care Guidelines criteria for this indication)
- Constipation (**CHP utilizes the Milliman Care Guidelines criteria for this indication)

***** (FYI, per Milliman. To be deleted after final review):***

- Biofeedback is indicated for *tension or migraine headache* and **ANY ONE** of the following^{(A)(1)}:
 - Insufficient or no response to multiple pharmacologic treatment attempts
 - Intolerance of multiple pharmacologic treatment attempts
 - Pharmacologic treatment is contraindicated; examples include:
 - Pregnant patient
 - Breast-feeding patient
 - Patient attempting to become pregnant
 - History of long-term, frequent, or excessive use of analgesic or acute medications for headache
 - Stress-coping skills that remain a significant contributor to headache onset despite counseling of the patient by a qualified professional

Constipation

- Biofeedback is indicated for *constipation* and **ALL** of the following:
 - Evidence of dyssynergic constipation as indicated by **ANY ONE** of the following:
 - Patient with prolonged difficulty expelling a simulated stool (ie, balloon expulsion test greater than 1 minute)
 - Evidence of a non-relaxing puborectalis muscle while straining to expel the index finger during a rectal digital examination
 - Negative results of evaluation for structural or metabolic causes of constipation, including **ALL** of the following:
 - Colonoscopy or barium enema
 - Thyroid function tests
 - No use of drugs known to be constipating (eg, narcotic analgesics)
 - No response to usual therapy for constipation (ie, diet, laxatives, exercise, hydration)

References

- Hayes, Inc. Online 2008
- Milliman Care Guidelines, 12th Edition, 2008
- Aetna. Clinical Policy Bulletin #0132 (rev. 6/10/08)
- Premera Blue Cross. Corporate Medical Policy #CP.MP.PR.2.01.504 (rev. 10/9/07)
- Quality Standards Subcommittee of the American Academy of Neurology. Practice parameter: Evidence-based guidelines for migraine headache. *Neurology* (2003). Sep 26;55(6):754-62.
- UpToDate Online, v. 16.2

CHIROPRACTIC CARE

***See Milliman "Chiropractic Care" guideline.**

***Note: Exclusion Criteria listed below override the Milliman coverage criteria:**

- a. Children younger than 16 years of age
- b. Evidence of concomitant neurologic deficit or radiculopathy is present
- c. Preventive therapy
- d. Maintenance therapy

HYPNOTHERAPY

A treatment intervention aimed at inducing an altered state of awareness whereby the patient's objective manifestations of the mind are inactive and accompanied by an increased susceptibility to suggestions.

Required Referral Criteria:

- Symptoms must have been present for more than 3 months.
- Member must have been seen by the PCP within the 3 months prior to the referral request.
- A maximum of six (6) visits over a 4-month period may be approved.
- Requirements for continuation of treatment, as specified previously, are met

Covered Conditions

- Chronic pain
- Cancer pain
- Post-operative pain
- As an adjunct to psychotherapy for anxiety disorders (including PTSD), somatization disorders, sleep disorders and dissociative disorders

*Note: Hypnosis used for smoking cessation and for anesthesia is considered experimental and investigational, and is therefore not covered.

References

- Premera Blue Cross Corporate Medical Policy #2.01.508 (rev. 10/9/07)
- NIH Technology Assessment Conference Statement. Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia; 1995 Oct 16-18:1-34.
- Veteran's Health Administration. Clinical practice guidelines for the management of post-operative pain. National Guidelines Clearinghouse; 2002 May.
- Cochrane Reviews (http://www.cochrane.org/reviews/en/index_list_h.html)

- Hypnotherapy for Smoking Cessation (#CD0001008, 1998)
- Hypnosis for Schizophrenia (#CD004160, 2004)
- Hypnotherapy for Irritable Bowel Syndrome (#CD002581, 2005)
- Bryant RA, et al. The additive benefit of hypnosis and cognitive therapy in treating acute stress disorders. J Consult Clin Psychol 2005 April;73(2):334-40
- UpToDate Online, v. 16.2

MESSAGE THERAPY

A treatment involving manipulation, methodical pressure, friction and kneading of the body.

Required Referral Criteria

- Symptoms must have been present for more than one (1) month
- Member must have been seen by the PCP within the 3 months prior to the referral request.
- A maximum of six (6) visits over a two-month period may be approved.
- Requirements for continuation of treatment, as specified previously, are met

Covered Conditions

- Subacute (between one-six months in duration) myofascial pain is covered, including:
 - ii. Tendonitis
 - iii. Plantar fasciitis
 - iv. Epicondylitis (tennis elbow),
 - v. Thoracic outlet syndrome
 - vi. Neck and back strain
 - vii. Low back pain
 - vii. Osteoarthritis-related spasm_of the neck or back

***Note:** Acute myofascial pain (less than one month duration) and chronic myofascial pain (more than six months duration) are not covered.

Massage therapy is not considered medically necessary for:

- Fibromyalgia
- Relaxation or other indications such as maintenance therapy

References

- Milliman Care Guidelines, 12th Edition, 2008

- Cherkin DC, et al. Randomized trial comparing traditional Chinese acupuncture, therapeutic massage, and self-care education for chronic low back pain. Arch Intern Med 2001;161:1081-8 (from Hayes Inc. Online).
- Aetna Clinical Policies Bulletin #0325 (rev. 10/5/07)
- Premera Blue Cross Corporate Medical Policy #8.03.502 (rev. 7/115/08)
- Cochrane Review. Massage for Low Back Pain. #CD001929, rev. 2002
- National Guideline Clearinghouse (www.guideline.gov). Guideline for the management of fibromyalgia syndrome pain in adults and children. American Pain Society (2005)

NATUROPATHY

Naturopathy is a system of healing that is founded on the basic premise that the body has an inherent capacity to establish, maintain, and restore health. It focuses on the healing power of nature, in the form of nutritional supplements, medicinal plants, and on both physical and spiritual exercises to promote the treatment of the whole individual.

Required Referral Criteria

- Symptoms must have been present for more than 3 months.
- Member must have been seen by the PCP within the 3 months prior to the referral request.
- A maximum of six (6) visits over a four-month period may be approved.
- Requirements for continuation of treatment, as specified previously, are met

Covered Conditions

- Allergic Rhinitis
- Anxiety
- Atopic dermatitis/chronic eczema.
- Benign Prostatic Hypertrophy
- Chronic arthritis
- Chronic serous otitis media (defined as persistent middle ear fluid for more than 3 months).
- Dementia
- Depression
- Dyspepsia (Heartburn)
- Fibromyalgia
- Headaches (persistent migraine, tension-type, or sinus-related)
- Hyperlipidemia
- Insomnia
- Irritable bowel syndrome
- Psoriasis

- Vaginitis

References

- Hayes Inc., Online 2008
- Aetna Corporate Policy Bulletin #0388 (rev. 7/27/08)
- National Center for Complementary and Alternative Medicine (NIH).
<http://nccam.nih.gov/research/results/URL>
- Soeken KC. Selected reviews of complementary and alternative medicine therapies for arthritis-related pain: the evidence from systematic reviews. *Clin. J. Pain* 2004 Jan-Feb; 20(1):13-8.
- Sarrell EM, et al. Naturopathic treatment for ear pain in children. *Pediatrics* 2003 May; 111:574-9.
- Cochrane Reviews(http://www.cochrane.org/reviews/en/index_list_h.html)
 - Herbal therapy for treating rheumatoid arthritis (#CD002948, 2001)
 - Herbal therapy for treating osteoarthritis (#CD002947, 2001)
 - Herbal medicine for low back pain (#CD004504, 2006)
- Natural Standard: The Authority on Integrative Medicine
(<http://www.naturalstandard.com>)
- <http://www.naturalmedicinedatabase.com>
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